POSITION	INITIALS	IE NO.	DATE
FEE DETERMINATION			16 /6 ger
O.I.P.E. CLASSIFIER		11/	10/30
FORMALITY REVIEW	WM	869	11-12-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

Rejected	N Non-elected
= Allowed	IInterference
<ul> <li>(Through numeral) Canceled</li> </ul>	A Appeal
÷ Restricted	O Objected

÷	Restricted 0	
Claim Date	Claim Date	Claim Date
Pinal Original -	Final Original	Final
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2	52	102
3/4	53 54	104
4 5	55	105
6	56	106
<del>-   7                                   </del>	57	107
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47 48	98	148
49	99	149
50	100	150

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

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